



FY 2004-2005

Mom and Pop Small Business Grant Program

DISTRICT 11

Mom and Pop Small Business Grant Program Miami-Dade County

APPLICATION

(Please print or type)

I. Business Information

 Owner(s) Name

 Business Name (as it appears on License)

 Business Address (as it appears on License)

 Owner's Home Address

 City

 Zip Code

 District #/Commissioner (where business located)

 Business Phone

 Type of business you operate

 \$
 Amount of funding requested

II. Program Usage

I would like to be considered for financial assistance to address the following need(s):

(Note: Select a maximum of 3 areas only.)

- ☐ Inventory / Supplies
- ☐ Business Equipment
- ☐ Marketing / Advertising
- ☐ Commercial Liability Insurance
- ☐ Minor Interior Renovations/External Renovations
- ☐ Security System

Business owners are required to provide the following information:

1. How long have you been in business? Number of years _____ months _____
2. Have you received a Mom & Pop Grant in the past? Yes _____ No _____
3. Have you ever applied for the Mom & Pop Grant before: Yes _____ No _____
4. If yes, how much funding did you receive? \$ _____
5. Do you have a current Dade County Occupational License? Yes _____ No _____
6. If yes, please attach a copy to application? Copy attached? Yes _____ No _____
7. Are you or any of the shareholders employed by Miami-Dade County?
Yes _____ No _____
8. If yes, what department? _____
9. Have you ever applied for a loan? Yes _____ No _____
10. If yes, with whom? _____
11. Was the loan approved? Yes _____ No _____
12. Do you have a past due loan with the County or any County funded department or agency? Yes _____ No _____
13. If yes, with whom? _____
14. Will you be contributing any funding to the project? Yes _____ No _____
15. If yes, how much? \$ _____
16. Do you own the building that you occupy? Yes _____ No _____
17. Are you willing to participate in Business Development Training Workshops?
Yes _____ No _____

18. Number of employees? **Full-time:** _____ **Part-time:** _____

19. Please provide the following information regarding your current employee(s):

[illegible]

If approved, please explain how you intend to use the funding?

[illegible]

My signature below indicates that I have read this document and fully understand its contents.

All the information submitted on this document is true to the best of my knowledge. I understand that if it is not true, I will be disqualified.

Signature

Date

PLEASE BE AWARE OF THE FOLLOWING:**Mandatory Meetings**

All businesses that apply for funding must attend a 2-hour meeting, which will explain the program requirements. All questions will be answered at that time. Attending the preliminary meeting does not guarantee that you will receive funding. However, if you do not attend the meeting, you may be disqualified.

DATE: January 21, 2005
TIME 10:00 a.m.
LOCATION : West Kendall Regional Library
10201 Hammocks Blvd., Kendall

Mandatory Workshops

Guidelines for the Mom And Pop Small Business Grant Program require that each approved recipient attend a certain number of business training courses. These courses are offered for your convenience at no cost.

It is very important that you attend the workshops and complete the specified amount of courses. Otherwise, you may be disqualified from the program. Date, time and location will be provided at a later date.